

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Restoration PAC

ADDRESS (number and street)

1901 Butterfield Road

Ste. 120

Check if different  
than previously  
reported. (ACC)

Downers Grove

IL

60515

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571588

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

[ ]

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gaskill, Sherry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
07		31		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">995542.12</td></tr></table>	995542.12				
Y	Y	Y	Y	Y													
2020																	
995542.12																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">6863714.94</td></tr></table>	6863714.94															
6863714.94																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">2052274.17</td></tr></table>	2052274.17					<table><tr><td colspan="5">8977208.03</td></tr></table>	8977208.03									
2052274.17																	
8977208.03																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">8915989.11</td></tr></table>	8915989.11					<table><tr><td colspan="5">9972750.15</td></tr></table>	9972750.15									
8915989.11																	
9972750.15																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">5029625.99</td></tr></table>	5029625.99					<table><tr><td colspan="5">6086387.03</td></tr></table>	6086387.03									
5029625.99																	
6086387.03																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">3886363.12</td></tr></table>	3886363.12					<table><tr><td colspan="5">3886363.12</td></tr></table>	3886363.12									
3886363.12																	
3886363.12																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 / 01 / 2020

To:

M M / D D / Y Y Y Y  
07 / 31 / 2020
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

2050970.72

8967972.37

## (ii) Unitemized .....

1303.45

9200.30

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

2052274.17

8977172.67

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

0.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

2052274.17

8977172.67

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

35.36

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

2052274.17

8977208.03

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

2052274.17

8977208.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	31693.84	562303.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	31693.84	562303.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	4997905.00	5521516.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	27.15	67.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	27.15	67.15
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5029625.99	6086387.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5029625.99	6086387.03

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2052274.17	8977172.67
34. Total Contribution Refunds (from Line 28(d)) .....	27.15	67.15
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2052247.02	8977105.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	31693.84	562303.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	35.36
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	31693.84	562268.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grane, Paul, , ,

Mailing Address 3855 Douglas Road

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grane Transportation

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2020

Transaction ID : SA11AI.13176

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jolly, Robert, , ,

Mailing Address 12565 Sheridan, Unit #103

City

Broomfield

State

CO

Zip Code

80020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2020

Transaction ID : SA11AI.13147

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McInerney, Thomas, E., ,

Mailing Address 2 Manitou Ct

City

Westport

State

CT

Zip Code

06880-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BluffPoint Assoc.

Occupation (for Individual)

Venture Capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2020

Transaction ID : SA11AI.13249

Amount of Each Receipt this Period

30000.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

30550.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Miller, Donald, K, ,

Mailing Address 225 Via Tortuga

City  
Palm Beach

State  
FL

Zip Code  
33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Axiom Investors

Occupation (for Individual)  
Asset Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2020

Transaction ID : SA11AI.13227

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pearman, John, , ,

Mailing Address 503 Turner Avenue

City  
Glen Ellyn

State  
IL

Zip Code  
60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delos Communications

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1747.93

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2020

Transaction ID : SA11AI.13229

Amount of Each Receipt this Period

96.28

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pearman, John, , ,

Mailing Address 503 Turner Avenue

City  
Glen Ellyn

State  
IL

Zip Code  
60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delos Communications

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1804.33

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 09 / 2020

Transaction ID : SA11AI.13230

Amount of Each Receipt this Period

56.40

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

10152.68

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pearman, John, , ,**

Mailing Address 503 Turner Avenue

City  
Glen Ellyn

State  
IL

Zip Code  
60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Delos Communications

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2054.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2020

**Transaction ID : SA11AI.13195**

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prodromos, Chadwick, , ,**

Mailing Address 143 Sheridan Road

City  
Winnetka

State  
IL

Zip Code  
60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-employed

Occupation (for Individual)  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2020

**Transaction ID : SA11AI.13208**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Restoration Action**

Mailing Address 1901 Butterfield Road  
Suite 120

City  
Downers Grove

State  
IL

Zip Code  
60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4918.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2020

**Transaction ID : SA11AI.13253**

Amount of Each Receipt this Period

4918.04

☐ Memo Item  
In-kind - business insurance

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10168.04



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Santucci, Vincent, , ,

Mailing Address 5530 N. Redwood Drive

City  
ChicagoState  
ILZip Code  
60656FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sanofi

Occupation (for Individual)

Pharmacist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2020

Transaction ID : SA11AI.13177

Amount of Each Receipt this Period

100.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City  
Lake ForestState  
ILZip Code  
60045FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8900000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 23 / 2020

Transaction ID : SA11AI.13251

Amount of Each Receipt this Period

2000000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000100.00

2050970.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Adobe Systems, Inc.**

Mailing Address 345 Park Ave

City  
San JoseState  
CAZip Code  
95110Purpose of Disbursement  
Office expense

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	0		

FEC Identification Number

C

**Transaction ID : SB21B.13256**

Amount of Each Disbursement this Period

29.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Campfire Communications, LLC**Mailing Address P.O. Box 188  
151 Summer StreetCity  
MorrisonState  
COZip Code  
80465Purpose of Disbursement  
Communications consulting

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	2	0		

FEC Identification Number

C

**Transaction ID : SB21B.13257**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Campfire Communications, LLC**Mailing Address P.O. Box 188  
151 Summer StreetCity  
MorrisonState  
COZip Code  
80465Purpose of Disbursement  
Communications consulting

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	0		

FEC Identification Number

C

**Transaction ID : SB21B.13258**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7529.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank, N.A.**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13260

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank, N.A.**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13261

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank, N.A.**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.13262

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank, N.A.**

Mailing Address 1445-A Laughlin Avenue

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2020

FEC Identification Number

C

Transaction ID : SB21B.13263

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Grasshopper Group, LLC**

Mailing Address 197 1st Avenue, Suite 200

City  
NeedhamState  
MAZip Code  
02494Purpose of Disbursement  
Telephone service

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2020

FEC Identification Number

C

Transaction ID : SB21B.13264

Amount of Each Disbursement this Period

33.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Harris Media, LLC**

Mailing Address 6500 Manor Drive

City  
AustinState  
TXZip Code  
78723Purpose of Disbursement  
Design consulting

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2020

FEC Identification Number

C

Transaction ID : SB21B.13266

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7553.01

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Harris Media, LLC**

Mailing Address 6500 Manor Drive

City  
AustinState  
TXZip Code  
78723Purpose of Disbursement  
Fundraising consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.13267**

Amount of Each Disbursement this Period

129.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Harris Media, LLC**

Mailing Address 6500 Manor Drive

City  
AustinState  
TXZip Code  
78723Purpose of Disbursement  
Design consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.13268**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Langdon Law LLC**

Mailing Address 8913 Cincinnati-Dayton Rd.

City  
West ChesterState  
OHZip Code  
45069Purpose of Disbursement  
Legal fees

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	7			2	0	2	0		

FEC Identification Number

**C****Transaction ID : SB21B.13270**

Amount of Each Disbursement this Period

2831.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10461.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. LexisNexis**

Mailing Address 28544 Network Place

City  
ChicagoState  
ILZip Code  
60673Purpose of Disbursement  
Research services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2020

FEC Identification Number

C

Transaction ID : SB21B.13271

Amount of Each Disbursement this Period

983.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Restoration Action**Mailing Address 1901 Butterfield Road  
Suite 120City  
Downers GroveState  
ILZip Code  
60515Purpose of Disbursement  
In-kind - business insuranceCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2020

FEC Identification Number

C

Transaction ID : SB21B.13254

Amount of Each Disbursement this Period

4918.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe, Inc.**Mailing Address 185 Berry Street  
Suite 550City  
San FranciscoState  
CAZip Code  
94107Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		06		2020

FEC Identification Number

C

Transaction ID : SB21B.13285

Amount of Each Disbursement this Period

11.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5912.16

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Restoration PAC**

Full Name (Last, First, Middle Initial)

**A. Stripe, Inc.**Mailing Address 185 Berry Street  
Suite 550City  
San FranciscoState  
CAZip Code  
94107Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.13286**

Amount of Each Disbursement this Period

18.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe, Inc.**Mailing Address 185 Berry Street  
Suite 550City  
San FranciscoState  
CAZip Code  
94107Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.13287**

Amount of Each Disbursement this Period

36.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe, Inc.**Mailing Address 185 Berry Street  
Suite 550City  
San FranciscoState  
CAZip Code  
94107Purpose of Disbursement  
Online fundraising fees

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2020

FEC Identification Number

C

**Transaction ID : SB21B.13288**

Amount of Each Disbursement this Period

25.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

80.44

**TOTAL** This Period (last page this line number only)..... ►

31627.20

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Harris Media, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 08 / 2020	
Mailing Address 6500 Manor Drive			Amount <span style="border: 1px solid black; padding: 2px;">2500.00</span>	
City Austin	State TX	Zip Code 78723	Transaction ID : <b>SE.12913</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 08 / 2020	
Purpose of Expenditure Digital advertising (production cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1997634.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Harris Media, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 08 / 2020	
Mailing Address 6500 Manor Drive			Amount <span style="border: 1px solid black; padding: 2px;">247500.00</span>	
City Austin	State TX	Zip Code 78723	Transaction ID : <b>SE.12914</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 08 / 2020	
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2245134.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">250000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Gaskill, Sherry, , ,</i>			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 20 / 2020	
[Electronically Filed]				



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Harris Media, LLC</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 29 / 2020		
Mailing Address 6500 Manor Drive			Amount <span style="border: 1px solid black; padding: 2px;">250000.00</span>		
City Austin	State TX	Zip Code 78723	Transaction ID : <b>SE.13140</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 27 / 2020		
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4997905.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Nebo Media, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 08 / 2020		
Mailing Address PO Box 9825			Amount <span style="border: 1px solid black; padding: 2px;">1995134.00</span>		
City Arlington	State VA	Zip Code 22219	Transaction ID : <b>SE.12922</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 06 / 2020		
Purpose of Expenditure Television advertising (placement cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1995134.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">2245134.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Gaskill, Sherry, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 20 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 18  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>		
Full Name of Payee <b>Nebo Media, Inc.</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 07 / 29 / 2020		
Mailing Address PO Box 9825			Amount <span style="border: 1px solid black; padding: 2px;">2502771.00</span>		
City Arlington	State VA	Zip Code 22219	Transaction ID : <b>SE.13139</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 07 / 27 / 2020		
Purpose of Expenditure Television advertising (placement cost)		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">4747905.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>		
City	State	Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>		
Purpose of Expenditure		Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>			
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;"></span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">2502771.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">4997905.00</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Gaskill, Sherry, , ,		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span> 08 / 20 / 2020	